AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL092096	B. WING		12/1	9/2014
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-	
SUNRISE	OF RALEIGH		ARDS MILL , NC 27612	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
	County Human Ser	ensure Section and the Wake vices conducted an annual nt investigation on December				
D 358	10A NCAC 13F .100 Administration	04(a) Medication	D 358			
	(a) An adult care he preparation and adri prescription and not by staff are in accor (1) orders by a lice which are maintaine (2) rules in this Sec and procedures.	nsed prescribing practitioner ed in the resident's record; and ction and the facility's policies				
	This Rule is not me TYPE A2 VIOLATION					
	facility failed to assure requirements shall a of 7 sampled reside	view and interviews, the ure that only staff meeting the administer medications for 1 ents who had a perineal rash or to 10A NCAC 13F .0403}				
	10/8/14, revealed: -At 6:45 am, 1st shi (PCM) mistakenly for topical cream to the -Poison Control was by the agent that the fine.	y's incident report, dated  ft personal care manager ed Resident #1's anti-fungal, e resident by mouth. s contacted; the staff was told e resident was going to be monitored and had no				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

NAME OF PROVIDER OR SUPPLIER  SUNRISE OF RALEIGH  SUNRISE OF RALEIGH OF DEFICIENCES  RECONSTRUCTION MUST BE PRECIDED BY PARTY TAG  CROSS-REFERENCED TO THE APPROPRIATE DATE  TAG  D 358  Continued From page 1  Review of Resident #1's current FL-2 dated 11/24/14 included diagnoses of hypertension (HTTN), Dementia. Osteoporosis, chronic rectal prolapse with incontinence, perl-anal protectionny with colon, anastomosis, macular enythema, dysphagia and gastro-esophagus disease (GERD), incontinent of bladder and bowel.  Review of Resident #1's record revealed: -The resident was spoon fet a teaspoon of Ketoconazole 2% cream/ Triamcinolone 0.1% cream by a personal care manager (PCM).  -The medication administration records (MARs) revealed that Ketoconazole 2% cream/ Triamcinolone 0.1% cream, upical twice daily: (Ketoconazole 2% cream/ Triamcinolone 0.1% cream, upical twice daily: (Ketoconazole 2**) cream/ Triamcinolone 0.1% cream, topical twice daily: (Ketoconazole 2**) cream/ Triamcinolone 0.1% cream, topical twice daily: (Ketoconazole 2**) cream/ Triamcinolone 0.1% cream, topical twice daily: (Ketoconazole 2**) cream/ Triamcinolone 0.1% cream, topical twice daily: (Ketoconazole 2**) cream/ Triamcinolone 0.1% cream, topical twice daily: (Ketoconazole 2**) cream/ Triamcinolone 0.1% cream, topical twice daily: (Ketoconazole 2**) cream/ Triamcinolone 0.1% cream, topical twice daily: (Ketoconazole 2**) cream/ Triamcinolone 0.1% cream, topical twice daily: (Ketoconazole 2**) cream/ Triamcinolone 0.1% cream, topical twice daily: (Ketoconazole 2**) cream/ Triamcinolone 0.1% cream, topical twice daily: (Ketoconazole 2**) cream/ Triamcinolone 0.1% cream, topical twice daily: (Ketoconazole 2**) cream/ Triamcinolone 0.1% cream topical and the daily: (Ketoconazole 2**) cream/ Triamcinolone 0.1% cream topical and the daily: (Ketoconazole cream is used to treat a variety of skin conditions such as eczema, dermatitis, allergies, rash)		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
SUNRISE OF RALEIGH    XALEIGH, NO. 27612   No. 27612   PREFIX   PROVIDER'S PLAN OF CORRECTION   CASH,			HAL092096	B. WING		12/1	9/2014
PALEIGH   RALEIGH   RALEIGH   RALEIGH   RALEIGH   RECORDED BY FULL   PREFIX TAG   REGULATORY OR LSC DENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS REFER DESCRIPTION APPROPRIATE   D. 358	NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES   DEPICE   CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   CROH CORRECTION MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   Days (CROH CORRECTION MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   Days (CROSS-REFERENCED TO THE APPROPRIATE DATE DATE DATE DATE DEFICIENCY)   Days (CROSS-REFERENCED TO THE APPROPRIATE DATE DATE DATE DATE DATE DEFICIENCY)   Days (CROSS-REFERENCED TO THE APPROPRIATE DATE DATE DATE DATE DATE DATE DATE D	SUNRISE	OF RALEIGH			ROAD		
Review of Resident #1's current FL-2 dated 11/24/14 included diagnoses of hypertension (HTN), Dementia, Osteoprorsisis, chronic rectal prolapse with incontinence, peri-anal protectomy with colon, anastomosis, macular erythema, dysphagia and gastro-esophagus disease (GERD), incontinent of bladder and bowel.  Review of Resident #1's record revealed: -The resident was admitted to the facility's Special Care Unit (SCU) on 5/13/10On 10/8/14, the resident was spoon fed a teaspoon of Ketoconazole 2% cream/ Triamcinolone 0.1% cream by a personal care manager (PCM)The medication administration records (MARs) revealed that Ketoconazole 2% cream/ Triamcinolone 0.1% cream, was scheduled to be administered at 8 am and 8 pmMedication order for Ketoconazole 2% cream/ Triamcinolone 0.1% cream, topical twice daily. (Ketoconazole cream is used to treat certain fungal infection of the skin; Triamcinolone cream is used to treat a variety of skin conditions such as eczema, dermatitis, allergies, rash)  Review of Resident #1's "Individualized Service Plan (ISP)", dated 4/25/14, contained documentation under the category of "Skin Integrity", that staff will continue to monitor buttocks and apply ointment as ordered.  Review of Resident #1's electronic Progress Notes, dated 10/2/14 at 3:34 pm, written by a Health and Wellness RN, revealed that "Staff reminded to put/apply barrier cream with every	PRÉFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	.D BE	COMPLETE
Interview with the facility's Health and Wellness	D 358	Review of Resident 11/24/14 included of (HTN), Dementia, Oprolapse with incommodiate with colon, anastom dysphagia and gast (GERD), incontiner.  Review of Resident -The resident was a Special Care Unit (2-On 10/8/14, the resteaspoon of Ketoco Triamcinolone 0.1% manager (PCM).  -The medication and revealed that Ketoco Triamcinolone 0.1% administered at 8 a -Medication order for Triamcinolone 0.1% (Ketoconazole creatingal infection of the is used to treat a value as eczema, dermated the Review of Resident Plan (ISP)", dated 4 documentation und Integrity", that staff buttocks and apply Review of Resident Notes, dated 10/2/14 Health and Wellnes reminded to put/applichange."	##1's current FL-2 dated liagnoses of hypertension Dsteoporosis, chronic rectal tinence, peri-anal proctectomy nosis, macular erythema, tro-esophagus disease at of bladder and bowel.  ##1's record revealed:	D 358			

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RN, on 12/19/14 at 11:05 am, revealed:

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL092096	B. WING		12/1	9/2014
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CHNDIC	E OE BALEICH	4801 EDW	ARDS MILL	ROAD		
SUNKISI	E OF RALEIGH	RALEIGH,	NC 27612			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 2	D 358			
	to review for providing residentsMedication aides (dutiesResident #1's election 10/2/14, documents personal care managements.	vice Plan (ISP) "on each flooring care to their assigned  MAs) use the MARs for their tronic Progress Notes, dated ed "staff" referred to a ager.				
	2:05 pm & 12/17/14 -On 10/8/14, the PC routine care to Res time a medication a cream in a medicat give it to Resident # -When the MA gave just told the PCM "t -The PCM was not MA when the cream -The PCM assumed since the cream wa cup, and accompar -The PCM gave Re the creamThe PCM didn't kn resident's perineum realize an error was #1 told himThe PCM reported #1's buttocks area if worseDuring the PCM's j PCM didn't observe not aware that the r	e the PCM the cream, the MA his is for [Resident #1]". given any instruction from a n was given. d the cream was for the mouth is thin, poured in a medication				
		n-prescription cream on cks area, applying the cream				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL092096	B. WING		12/1	9/2014
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	,,	0/2014
SUNRIS	E OF RALEIGH		ARDS MILL NC 27612	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 358	2-3 times during the resident in the past -During PCM's trair where all the toiletr room and over the kept thereNo one had told the use the OTC creamed and set the OTC and was told that the immediate danger in intestinal distressThe PCM monitores shift and didn't observation and had well as a nurse aide and 1st shift MA, or and is a nurse aide and is a nurse	e shift, when changing the hing, someone had shown him les were kept in the resident's counter (OTC) cream was also the PCM specifically when to how tit was there so he used it. Contacted the Poison Control the resident was not in an colife but might experience and the resident throughout his terve any medical issues. It to the administrator and the cordinator (SCUC) about the critten a statement.  The records of the 1st shift PCM in 12/18/14, revealed:  19/3/14 as a care manager  1. It was there so he used it.  2. It was there so he us	D 358			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL092096	B. WING		12/1	9/2014
NAME OF PR	ROVIDER OR SUPPLIER			STATE, ZIP CODE		
SUNRISE	OF RALEIGH		ARDS MILL NC 27612	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
	The MA was assig 2 SCUs located on basement.  The MA gave the to #1 to the PCM and perineum area.  It was the first time PCM.  The SIC informed cream to Resident: physician (PCP) an of the incident.  The PCM told the lifeeding.  In the past, the cremanagers and they was done and the National cream to apply topical cream resident's cleaning yet so instead of watask, the cream was amedications to apply to pical cream was amedications to apply the pical cream was a medications	ppened under her watch. ned to pass medications in the the 3rd floor and the  opical rash cream for Resident told the PCM to apply to the  the MA gave the cream to the the MA that the PCM fed the #1; the resident's primary care d family member were notified  MA that he thought it was for am was applied by the care notified the MA after the task MA documented on the MAR. ement was not aware of MAs the care managers to apply. PCM administering the ed when the MA was ready to s to the resident but the care wasn't done by the PCM aiting for PCM to finish the s given to the PCM to apply. assigned to administer roximately 40 SCU residents ent & 3rd floor), within required A didn't have time to waste. cation error incident, all MAs int provided by the facility cations were to be as only.  shift Lead Care Manager 14 at 1:35pm revealed: n aide (MA) was responsible	D 358			

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STATEMENT OF DE AND PLAN OF CORI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL092096	B. WING		12/1	9/2014
NAME OF PROVIDE	R OR SUPPLIER			STATE, ZIP CODE		
SUNRISE OF RA	ALEIGH		/ARDS MILL , NC 27612	ROAD		
	ACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
presci-A PC Rresid the cro -PCM -The s staten Execu-In the give o  Intervi (LCM) -Resid the ma -The r and th -All th reside PCMs coordi cream -There was g and he admin -The L instruct -PCM medic been s -Where only h -Where cream cream	dent #1's create am orally. It is should not get aff that gave nent of the induitive Director. It is PCM job de out medication it with a 1st of the pcm is were told by inator that PCM is entered orally and the pcm is were not sue thought the create thought the pcm is were not sue at thought the create thought the pcm is were not sue at though the pcm is were not sue at though the pcm is were not sue at though the pcm is the pcm is the pcm in the pcm is advaseline to a pcm in the	s. M that the PCM was given am by the MA and had given give out medications. It is count the cream made a cident and it was sent to the scription it says PCMs do not its.  It shift Lead Care Manager 8/14 at 1:15 pm, revealed: In the cream applied by the MA in in was red in her perineum area as incontinent of urine. If to apply the cream to the in area but 2 months ago, the special care unit its was were not to apply any in a small cup with a spoon cream was supposed to be an area to the in a small cup with a spoon cream was supposed to be an area to give out its posed to give out its posed to give out its started working, Resident #1 to put on her bottom. The prescription were given the prescription in the prescripti	D 358			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SU COMPLE:  AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SU COMPLE:						
		HAL092096	B. WING		12/1	19/2014
	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE ROAD		
SUNRISI	E OF RALEIGH	RALEIGH	, NC 27612			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 6	D 358			
	Resident #1 down f -The PCM never qu MA's instructions. -After the 10/8/14 in	oplied the cream before laying for bed. Duestioned, just followed the neident, the MA was the only bly the cream to Resident #1's				
	(LCM), on 12/18/14 -In the past, MA had cream to Resident a because the LCM k training that only MA	nd shift lead care manager at 3:50 pm, revealed: d asked LCM to apply a topical #1's rash and the LCM refused the				
	-The PCM's had be aide, to apply the pi #1 and was given th medication cart goin -The practice of the prescription cream	onfidential staff revealed: een asked, by the medication rescription cream for Resident ne prescription cream from the ng back more than a year. e medication aide giving the to the PCMs stopped after the cident in October 2014.				
	Director (ADM) on -On 10/8/14 at 7:30 phone call from a L happened at the co-The LCM reported given a PCM, who ha month, a cream be applied to Resid-The ADM advised Control (PC) and fo	niscence Coorinator/Executive 12/18/14 at 3:45 pm, revealed: am, The ADM received a CM about an incident that mmunity. to the ADM that the MA had had been working at the facility by mouth that was supposed to ent #1's perineal area. LCM to contact the Poison of the Executive Director (ED)				

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PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLI	STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
SUNRISE OF RALEIGH  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 358  Continued From page 7  -The ADM questioned the LCM & MA asking "how did we end up giving the cream to a resident by mouth?" and they reported that "the PCM was given a 30 cc cup of cream to put on the resident".  -The ADM did not know why the MA gave the medication to the PCM to administer to Resident #1.  -The ADM asked PCM why the cream was given by mouth and PCM replied that the MA handed			HAL092096	B. WING		12/1	9/2014
(X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 358 Continued From page 7  -The ADM questioned the LCM & MA asking "how did we end up giving the cream to a resident by mouth?" and they reported that "the PCM was given a 30 cc cup of cream to put on the resident".  -The ADM did not know why the MA gave the medication to the PCM to administer to Resident #1.  -The ADM asked PCM why the cream was given by mouth and PCM replied that the MA handed	NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 358  Continued From page 7  -The ADM questioned the LCM & MA asking "how did we end up giving the cream to a resident by mouth?" and they reported that "the PCM was given a 30 cc cup of cream to put on the resident".  -The ADM did not know why the MA gave the medication to the PCM to administer to Resident #1.  -The ADM asked PCM why the cream was given by mouth and PCM replied that the MA handed	SUNRIS	E OF RALEIGH		_	ROAD		
-The ADM questioned the LCM & MA asking " how did we end up giving the cream to a resident by mouth?" and they reported that "the PCM was given a 30 cc cup of cream to put on the resident"The ADM did not know why the MA gave the medication to the PCM to administer to Resident #1The ADM asked PCM why the cream was given by mouth and PCM replied that the MA handed	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	(X5) COMPLETE DATE
said "this is for Resident #1".  -It is not part of a personal care manager's (PCM) job description to give medications.  -The only thing that PCMs applied was a barrier cream for incontinent residents.  -PCMs had licensed health professional support (LHPS) validation checks and care training.  -Care training did not include giving out medications.  -MAs know not to take short cuts by giving medications to the PCMs to administer medications.  -An incident report was done; the ADM took statements from the LCM, MA and PCM about the incident.  Interview with Resident #1's primary care physician (PCP), on 12/17/14 at 9:05 am, revealed:  -The PCP was aware of the resident's medication error incident, being fed a cream by mouth.  -The PCP was also aware that Poison Control was contacted and all instructions were followed.  -The resident was not harmed by the ingestion of cream and there was no negative outcome from the incident.  The Interium Administrator/Reminiscence	D 358	-The ADM question how did we end up by mouth?" and the given a 30 cc cup oresident".  -The ADM did not k medication to the P#1.  -The ADM asked Proby mouth and PCM him a cream in a maid "this is for Restromation to giral to the proby description to giral to the proby and the proby validation concerning the cream for incontine pCMs had licensed (LHPS) validation concerning did not medications.  -Mas know not to the medications.  -An incident report statements from the incident.  Interview with Residual physician (PCP), or revealed:  -The PCP was away error incident, being the PCP was also was contacted and the resident was recream and there was the incident.	ed the LCM & MA asking " giving the cream to a resident by reported that "the PCM was of cream to put on the  now why the MA gave the CM to administer to Resident  CM why the cream was given replied that the MA handed edicine cup with a spoon and ident #1". ersonal care manager's (PCM) ive medications. PCMs applied was a barrier nt residents. d health professional support hecks and care training. of include giving out  ake short cuts by giving PCMs to administer  was done; the ADM took e LCM, MA and PCM about  dent #1's primary care in 12/17/14 at 9:05 am,  re of the resident's medication of fed a cream by mouth. In aware that Poison Control all instructions were followed. Into tharmed by the ingestion of as no negative outcome from	D 358			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL092096	B. WING		12/1	9/2014	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
SUNRISE	OF RALEIGH		ARDS MILL NC 27612	ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE	
D 358	Coordinator/Execut "Plan of Protection" -Qualified medication medications should treatments to unqua administerEffective 12/19/14 all three shifts by th care managers wer any doctor ordered lotions, creams, or -Prescription medic administered by me immediatelyAll staff providing of this guideline and a document confirmir document would be member's file.  CORRECTION DA	ive Director (ADM) provided a for all residents as follows: on aides preparing not give medications or alified staff personnel to staff meetings will be held on the (ADM) to inform staff that the not allowed to administer prescription medications,	D 358				
D 438	Registry  10A NCAC 13F .12 Registry The facility shall consupporting Rules 10 .0102.  This Rule is not me	05 Health Care Personnel 05 Health Care Personnel mply with G.S. 131E-256 and DA NCAC 13O .0101 and et as evidenced by: view and interview, the facility	D 438				
		Health Care Personnel treatment cream					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(X3) DATE COMP	SURVEY LETED
		HAL092096	B. WING		12/1	9/2014
NAME OF I	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
SUNRISI	E OF RALEIGH		ARDS MILL NC 27612	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 438	Continued From pa	ige 9	D 438			
	The findings are:  Review of Resident following diagnoses Dementia, Osteopowith incontinence, proclon and incontines.  Review of Resident revealed for Ketoco Triamcinolone 0.1% (Ketoconazole creatingal infection of the issued to treat a versue as eczema, dermat.  Review of the facilitation of the facilita	t #1's current FL-2 included the s: hypertension (HTN), prosis, chronic rectal prolapse peri-anal proctectomy with ent of bladder and bowel.  It #1's treatment cream order proazole 2% cream/ for cream, topical twice daily. It is used to treat certain the skin; Triamcinolone cream pariety of skin conditions such itis, allergies, rash)  Ity's incident report, dated the sesident #1's anti-fungal, the resident by mouth. It is contacted; the staff was told the resident was going to be monitored and had no the staff was spoon fed a proazole 2% cream/ for cream by a personal care definition records (MARs) conazole 2% cream/ for cream, was scheduled to be mand 8 pm.				
		st shift PCM, on 12/16/14 at				

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STATE FORM

W3SH11 If continuation sheet 10 of 13

STATEME	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL092096	B. WING		12/1	9/2014
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SUNRIS	E OF RALEIGH		ARDS MILL NC 27612	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
D 438	-On 10/8/14, the PC routine care to Res time a medication a cream in a medication at the routine care to Resident # -When the MA gave just told the PCM "t -The PCM was not MA when the cream -The PCM assumers ince the cream was cup, and accompar -The PCM gave Resident's perineum realize an error was #1 told himThe PCM reported #1's buttocks area worseDuring the PCM's PCM didn't observe not aware that the represcription cream perineum area.  Review of personners and 1st shift MA, or -The PCM was hire manager and is a non-There was no doct completed a medic skills validation chermal recompleted a medic skills	CM was assigned to provide ident #1 and this was the first aide (MA) gave him a white ion cup with a teaspoon to #1.  If the PCM the cream, the MA his is for [Resident #1]".  Igiven any instruction from the mass given.  If the cream was for the mouth is thin, poured in a medication nied by a spoon.  Isident #1 a teaspoon full of ow that the cream was for the marea and the staff didn't is made until the1st shift LCM.  If to the LCM #1 that Resident looked redder and appeared ipob shadowing period, the is Resident #1's care so was resident was to receive a for rash on the resident's  It records of the1st shift PCM in 12/18/14, revealed: id on 9/3/14 as a care jurse aide. It is unable to the pcm had ation administration clinical cklist. In ave the qualifications to	D 438			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL092096	B. WING		12/1	9/2014
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SUNRISI	E OF RALEIGH		/ARDS MILL , NC 27612	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 438	Continued From pa	nge 11	D 438			
	the duties.					
	(LCM) #1 on 12/18 facility policy on me revealed: -Only the medication for applying prescriut did happen that prescription creams -The PCM had told given Rresident #1 given the cream or -The PCMs should -"In the PCM job degive out medication Interview with the 2 (LCM), on 12/18/14	the PCMs would apply the s. the LCM that the PCM was secream by the MA and had ally. not give out medications. escription it says PCMs do not is." and shift lead care manager at at 3:50 pm, revealed the LCM lication training that only MA				
	Director (ADM) on -The ADM did not k medication to the F #1. -The ADM asked P	nterium iniscence Coorinator/Executive 12/18/14 at 3:45 pm, revealed: know why the MA gave the PCM to administer to Resident CM why the cream was given I replied that the MA handed				
	him a cream in a m said "this is for Res -The ADM question how did we end up by mouth?" and the given a 30 cc cup of resident". -It is not part of a p job description to g	nedicine cup with a spoon and sident #1". The led the LCM & MA asking " giving the cream to a resident by reported that "the PCM was of cream to put on the ersonal care manager's (PCM)				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL092096	B. WING		12/1	9/2014	
<u> </u>				PRESS, CITY, STATE, ZIP CODE			
SUNRISE OF RALEIGH 4801 EDWARDS MILL ROAD RALEIGH, NC 27612							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
D 438	cream for incontine -Care training did n medicationsThe MAs know not		D 438				
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.		D912				
	facility failed to assiright to receive care adequate, appropria revelent federal and regulations as relate administration. The Based on record refacility failed to assimedication administering a presampled residents (Resident #1). [Reference of the control of	s and record review, the ure every resident had the e and services which are ate, and in compliance with d State laws and rules and ed to medication					

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